

REQUEST FOR UNVOUCHERED FOREIGN TRAVEL ORDER			DATE _____	
NAME _____		GRADE AND SALARY _____	TITLE OR RANK AND SERIAL NO. _____	
<input type="checkbox"/> STAFF EMPLOYEE <input type="checkbox"/> STAFF AGENT		OFFICE _____	OFFICIAL STATION _____	
RESIDENCE ADDRESS (IF STATIONED IN WASHINGTON) _____			CHARGEABLE PROJECT _____	
			OFFICE TELEPHONE _____	
			RES. TELEPHONE _____	
ITINERARY: (ALL TEMPORARY DUTY POINTS MUST BE SPECIFICALLY INDICATED.)				
JUSTIFICATION IN DETAIL: GENERAL STATEMENTS SUCH AS "OFFICIAL BUSINESS" OR "CONFIDENTIAL PURPOSES", ETC., WILL NOT BE ACCEPTED. IF PERMANENT CHANGE OF STATION SHOW NAME, AGE, AND RELATIONSHIP OF IMMEDIATE FAMILY AND SHIPMENT OF AUTOMOBILE, HOUSEHOLD AND PERSONAL EFFECTS.				
DURATION OF TRAVEL:		HOME LEAVE <input type="checkbox"/> PERMANENT CHANGE <input type="checkbox"/> TEMPORARY DUTY <input type="checkbox"/>		
FROM _____ TO _____				
CHECK ONE FOR STAFF EMPLOYEE: Transportation to be procured Transportation to be procured by Transportation Div. <input type="checkbox"/> by individual <input type="checkbox"/> Justify: _____				
MODE OF TRAVEL: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> COMMON CARRIER <input type="checkbox"/> Airplane <input type="checkbox"/> Vessel <input type="checkbox"/> PRIVATELY OWNED AUTOMOBILE <input type="checkbox"/> </div> <div style="width: 45%;"> GOVERNMENT TRANSPORTATION <input type="checkbox"/> Airplane <input type="checkbox"/> Vessel <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> </div> </div>				
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE RECOMMENDED ON FOLLOWING BASIS: (a) _____ cents per mile, not to exceed cost by common carrier. <input type="checkbox"/> (b) _____ cents per mile, as being more advantageous to the Government. <input type="checkbox"/> JUSTIFY: _____				
SP L PROVISIONS: (I.E., EXCESS BAGGAGE, EXTRA FARE TRAIN OR PLANE, OFFICIAL COURIER DESIGNATION, ADVANCE OF FUNDS, etc.) DEFINE AND JUSTIFY: _____				
PER DIEM RECOMMENDED: _____				
HOME LEAVE ONLY DAY'S ACCUM. ANN. LV. _____ AS OF (DATE) _____				
1. Employee (is, is not) to report to Hdqrs. for _____ days prior to home leave. 2. Date of arrival at overseas station: _____				
APPROVAL (FOR CASES INDICATED)		APPROVALS (ALL CASES)		
<input type="checkbox"/> PERMANENT CHANGE OF STATION <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD		_____ SIGNATURE OF INITIATING OFFICIAL _____ TITLE DATE _____ SIGNATURE OF CONCURRING OFFICIAL _____ TITLE DATE		
_____ SIGNATURE OF CHIEF, CPD DATE				